

Organization and History

In January 1965, President Lyndon B. Johnson and Prime Minister Eisaku Sato met and issued a Joint Communiqué recognizing their mutual concern for the health and well-being of all peoples of Asia. In accordance with this Joint Communiqué, the U.S.-Japan Cooperative Medical Science Program (USJCMSP) was founded. The United States and Japan agreed to undertake a greatly expanded, joint cooperative research effort in the medical sciences, concentrating on health problems in Southeast Asia. The relevant regions in Asia are not specifically delineated but are generally understood to include the Republic of Korea in the north, India and Pakistan to the west, and other intervening nations in the broad Pacific Basin.

Initially, each country appointed prominent medical advisors as Delegates to a Joint USJCMSP Committee (Joint Committee). Such Delegates continue to review jointly the program's objectives, operations, and accomplishments. The United States and Japanese Delegations are appointed by the Department of State and the Ministry of Foreign Affairs, respectively. The role of the Joint Committee is to advise its respective governments on the scope, direction, and other broad aspects of the program and to develop review procedures necessary to ensure fulfillment of the objectives for which the Program was established. Through annual meetings, the Joint Committee establishes and changes policy and reviews pro-

grams in accordance with prescribed criteria.

A Subcommittee of the Joint Committee is responsible for preparing written reviews for evaluating programs of the USJCMSP. The Subcommittee meets semiannually and makes recommendations to the Joint Committee regarding continuation, addition, or deletion of specific programs. The Subcommittee deals with all actions prior to the Joint Committee Meeting.

The areas selected for study in 1965 were cholera, leprosy, parasitic diseases, tuberculosis, and viral diseases. Other areas added later were malnutrition (1966), environmental mutagenesis and carcinogenesis (1972), hepatitis (1979), immunology (1981), and AIDS (1987). Five-member Panels/Boards from each nation were organized to develop specific guidelines for cooperative and collaborative research. These guidelines have been modified as research has progressed. Each country supports its own research under the program, but the results are presented and discussed at annual workshops or conferences of the Panels/Boards and at the annual meeting of the Joint Committee. The Panels/Boards have achieved significant progress in their respective areas of research.

The Program was defined to within a bilateral government framework that could involve scientists and facilities

in Third World countries in collaborative efforts of mutual interest. Cooperation with the World Health Organization (WHO) has always been considered appropriate and has been encouraged.

Annual Regional Emerging Infections Workshops are convened in a designated country in the Pacific Rim. Each year the conference highlights two to three major disease problems in this region within the context of the Panels/Board. Discussions on these main areas of attention are conducted in plenary sessions and working group discussions by leading Japanese, American, and other experts from the region in the area of emerging infectious diseases. These annual conferences have been designed to draw attention to the importance of emerging infectious diseases, especially in this region of the world, to serve as a clearinghouse of scientific and public health importance on these diseases, and to identify areas of research that need additional emphasis or support.

Both Japan and the United States clearly recognized the increasing human benefit from such a cooperative scientific effort. During the seventh 5 years of the Program, emphasis on collaboration between the scientists of the two countries resulted in increased participation and open discussion at the annual conferences and an enhancement of scientific progress.